

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

0018621

02-21-2002 90017 021 ****61.25

DOCUMENT # N00000004590

1. Entity Name

HAWKINS HOMES, INC.

Principal Place of Business

927 N.W. 6TH ST.
 POMPANO BEACH FL 33060

Mailing Address

927 N.W. 6TH ST.
 POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1045273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLINGTON, CHARLES SR.
137 N.W. 15TH STREET
POMPANO BEACH FL 33060-5434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, DAWN M	
STREET ADDRESS	8550 N.W. 49 ST.	
CITY-ST-ZIP	LANDERHILL FL 33351	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELLINGTON, CHARLES M	
STREET ADDRESS	137 N.W. 15TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	T	<input type="checkbox"/> Delete
NAME	ELLINGTON, JULIUS	
STREET ADDRESS	8550 N.W. 49 ST.	
CITY-ST-ZIP	LAUDERHILL FL 33351	
TITLE	CT.	<input type="checkbox"/> Delete
NAME	ELLINGTON, CHARLES SR.	
STREET ADDRESS	137 N.W. 15TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33060-5434	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles M. Ellington
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/02
 DATE

CR2E037 (9/01)